

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF _____

NAME OF FACILITY: _____

I, _____, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Signature/Title

Sworn to and subscribed before me, a Notary Public, this the ____ day of _____, 20____, witness my hand at office in the County of _____, State of Tennessee.

NOTARY PUBLIC

My commission expires _____, _____.

HF-0043

Revised 7/02